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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself								
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):						
1.	Your full name								
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Thomas First name  D. Middle name  Cunningham  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)						
2.	All other names you have used in the last 8 years								
	Include your married or maiden names.								
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1555							

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Debtor 1 Thomas D. Cunningham

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		702 E Ross Ave Cincinnati, OH 45217				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Hamilton County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Case number (if known) Thomas D. Cunningham Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence?

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

☐ Yes.

No. Go to line 12.

bankruptcy petition.

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Deb	otor 1	Thomas D. Cunnir	ngham		Documer	nt F	Page 4 o	of 54	Case number (if known)
Par	t 3:	Report About Any Bu	sinesses	You Own	as a Sole Proprieto	or			
12.	of ar	you a sole proprietor ny full- or part-time ness?	■ No.	Go to	Part 4.				
			☐ Yes.	Name	and location of busin	ness			
	busir an in sepa as a	e proprietorship is a less you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name	of business, if any				
	sole	have more than one proprietorship, use a rate sheet and attach		Numb	er, Street, City, State	& ZIP C	ode		
	it to t	his petition.		Check	the appropriate box		•		
					Health Care Busine	`		-	
					Single Asset Real E	,			
					Stockbroker (as def		=	` '	
					Commodity Broker	(as defin	ed in 11 U.S	S.C. § 10	01(6))
					None of the above				
13.	13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it to deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for the deadlines operations operations.				must attach your most recent balance sheet, statement of				
	For a	definition of small	No.	I am n	ot filing under Chapte	er 11.			
		ness debtor, see 11 C. § 101(51D).	□ No.	I am fi Code.		1, but I a	m NOT a sr	nall busi	ness debtor according to the definition in the Bankruptcy
			☐ Yes.	I am fi	ling under Chapter 1	1 and I a	m a small b	usiness	debtor according to the definition in the Bankruptcy Code.
Par	4.4.	Papart if Vau Own or	Have Any	, Uozordo	us Proporty or Any	Property	. That Nac	de Imme	adiata Attantian
		Report if You Own or	nave Any	nazaruo	us Froperty of Ally	riopeit	y mat Need	us illillie	suite Attention
14.	prop	ou own or have any erty that poses or is	No.						
		ed to pose a threat minent and	☐ Yes.	What is t	he hazard?				
	iden	tifiable hazard to ic health or safety?			_				
	Or do	o you own any erty that needs ediate attention?			iate attention is why is it needed?				

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Thomas D. Cunningham

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts  17. Are you filing under Chapter 7. Go to line 18.	Deb	Inomas D. Cunnii	ngnam		Case number (	ii kriowri)					
red   No. Go to line 160.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes. Go to line 17.   No. Go to line 180.   Yes.   No. I am not filing under Chapter 7. Go to line 180.   Yes.   I am filing under Chapter 7. Go to line 180.   Yes.   I am filing under Chapter 7.   Yes.   I am Filing Vision 1.   Yes.   I am Filing Vision 1.   Yes.	Part	6: Answer These Quest	ions for Re	eporting Purposes							
160.	16.		16a.								
money for a business of investment or through the operation of the business or investment.    No. Go to line 18c.   Yes. Go to line 17.				Yes. Go to line 17.							
Yes. Go to line 17.   16c.   State the type of debts you owe that are not consumer debts or business debts			16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain							
16c. State the type of debts you owe that are not consumer debts or business debts  17. Are you filing under Chapter 7. Go to line 18.  18. Oy ou estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate that you ose that you only the property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  19. How much do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you over you have you				☐ No. Go to line 16c.							
17. Are you filing under Chapter 7. Go to line 18.  18. How many Creditors do you estimate that group assets to be worth?  19. How much do you estimate that your liabilities to be?  19. How much do you estimate that your liabilities to be?  19. How much do you estimate that your liabilities to list your liabilities to list your liabilities to list your liabilities list your liabilities list your liabilities to list your liabilities liabilities list your liabilities list				☐ Yes. Go to line 17.							
Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expense are paid that funds will be available to distribute to unsecured creditors?    No			16c.	State the type of debts you owe the	nat are not consumer debts or business of	debts					
after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?    No	17.		■ No.	am not filing under Chapter 7. Go to line 18.							
No available for distribution to unsecured creditors?   1-49		after any exempt	☐ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?							
be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  20. How much do you lestimate your assets to be worth?  21. How much do you estimate your assets to be worth?  22. How much do you lestimate your liabilities to be?  23. \$50,001 - \$100,000		administrative expenses		□No							
you estimate that you owe?    50.99		be available for distribution to unsecured		☐ Yes							
estimate your assets to be worth?    \$50,001 - \$100,000	18.	you estimate that you	□ 50-99 □ 100-199		<b>5001-10,000</b>	☐ 50,001-100,000					
estimate your liabilities to be?  \$50,001 - \$100,000	19.	estimate your assets to	□ \$50,001 - \$100,000 ■ \$100,001 - \$500,000		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion					
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.  Is/ Thomas D. Cunningham  Thomas D. Cunningham  Signature of Debtor 2  Signature of Debtor 1  Executed on October 23, 2017  Executed on  Executed on	20.	estimate your liabilities	■ \$50,0 □ \$100,0	01 - \$100,000 01 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion					
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.  Is/I Thomas D. Cunningham  Thomas D. Cunningham  Signature of Debtor 2  Signature of Debtor 1  Executed on  October 23, 2017  Executed on	Part	7: Sign Below									
United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.  Isl Thomas D. Cunningham  Thomas D. Cunningham  Signature of Debtor 2  Signature of Debtor 1  Executed on  October 23, 2017  Executed on	For	you	I have exa	amined this petition, and I declare	under penalty of perjury that the informa	tion provided is true and correct.					
document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.  Isl Thomas D. Cunningham Thomas D. Cunningham Signature of Debtor 2  Signature of Debtor 1  Executed on October 23, 2017  Executed on											
I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.  /s/ Thomas D. Cunningham  Thomas D. Cunningham  Signature of Debtor 2  Signature of Debtor 1  Executed on  October 23, 2017  Executed on		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).									
bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.  /s/ Thomas D. Cunningham  Thomas D. Cunningham  Signature of Debtor 1  Executed on October 23, 2017  Executed on Executed on		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.									
Thomas D. Cunningham Signature of Debtor 2 Signature of Debtor 1  Executed on October 23, 2017  Executed on		bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.									
			Thomas	D. Cunningham	Signature of Debtor 2	·					
			Executed			DD / YYYY					

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Debtor 1 Thomas D. Cunningham Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ryan J. Really	Date	October 23, 2017				
Signature of Attorney for Debtor		MM / DD / YYYY				
Ryan J. Really						
Ryan J. Really, Attorney at Law, LLC						
810 Sycamore 4th Floor Cincinnati, OH 45202						
Number, Street, City, State & ZIP Code						
Contact phone <b>513-621-0999</b>	Email address	info@getreallylegal.com				
88257-KY/0070496-OH/85352-FL Bar number & State						

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Fill	in this informa	ation to identify your		one rage o or 54			
	otor 1	Thomas D. Cunni					
		First Name	Middle Name	Last Name			
1 -	otor 2 use if, filing)	First Name	Middle Name	Last Name			
Unit	ted States Bank	cruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO			
Cas	se number						
(if kn						_	eck if this is an
						am	nended filing
~ .	–						
		m 106Sum	111-1224				
				nd Certain Statistic		r sunn	12/15
info	rmation. Fill οι	it all of your schedule	es first; then complete tl	ne information on this form.	. If you are filing amende	ed sche	edules after you file
		•	new Summary and chec	k the box at the top of this p	bage.		
Par	t 1: Summar	rize Your Assets					
							r assets ue of what you own
1.	Schedule A/E 1a. Copy line	<b>B: Property</b> (Official Fo 55, Total real estate, fr	orm 106A/B) om Schedule A/B			\$_	48,800.00
	1b. Copy line	62, Total personal prop	perty, from Schedule A/B.			\$_	57,936.81
	1c. Copy line	63, Total of all property	on Schedule A/B			\$_	106,736.81
Par	t 2: Summar	rize Your Liabilities					
							r liabilities ount you owe
2.			aims Secured by Property nn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of	f Part 1 of Schedule D	\$_	94,016.00
3.			Unsecured Claims (Official 1 (priority unsecured clain	al Form 106E/F) ns) from line 6e of <i>Schedule E</i>	=/F	\$_	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured o	claims) from line 6j of Schedul	le E/F	\$_	2,000.00
					Your total liabilities	\$	96,016.00
						<u> </u>	,
Par	t 3: Summar	rize Your Income and	Expenses				
4.		our Income (Official Fo		ə I		\$_	2,961.46
5.	Schedule J: Y	our Expenses (Official	Form 106J)			\$	1,462.00
	Copy your mo	onthly expenses from li	ne ∠∠c ot Schedule J			Ψ_	1,702.00

Are you filing for bankruptcy under Chapters 7, 11, or 13?

Part 4: Answer These Questions for Administrative and Statistical Records

- □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Thomas D. Cunningham

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$\_\_\_\_\_4,703.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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			DUC	umem	rage 10 01 34		_		
Fill in this in	formation to identify you	case and th	is filinç	g:			İ		
Debtor 1	Thomas D. Cunr	ningham							
	First Name	Middle	Name		Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle	Name		Last Name				
United States	Bankruptcy Court for the:	SOUTHER	N DIST	RICT OF OHIC	)				
Case number	r								Check if this is an
					-				amended filing
Official F	Form 106A/B								
_		4							
Sched	ule A/B: Prop	perty							12/15
information. If i Answer every o	t. Be as complete and accur more space is needed, attacl question. ribe Each Residence, Buildin	n a separate sh	neet to t	his form. On the	top of any additional pa				
1 Do you own	or have any local or equitab	la intaract in a	ny rooid	anaa huildina	land or similar property	,			
1. Do you own	or have any legal or equitab	ie interest in a	ny resid	ence, building,	iand, or similar property				
☐ No. Go to	Part 2.								
Yes. Whe	ere is the property?								
1.1			What	is the property	? Check all that apply				
	Ross Ave			Single-family h	ome				exemptions. Put
Street addr	ress, if available, or other description	n		Duplex or mult	i-unit building				ns on Schedule D: cured by Property.
				Condominium	or cooperative				
			П	Manufactured	or mobile home				
Cincin	nati OH 45	217-0000		Land	or mobile nome		alue of the		rent value of the
City	State	ZIP Code		Investment pro	nerty	entire pro	48,800.00	port	ion you own? \$48,800.00
Oity	Cidio	Zii Code		Timeshare	perty	<u>-</u>			
				Other					vnership interest by the entireties, or
			Who	has an interest	in the property? Check one		te), if known.	•	•
				Debtor 1 only		fee			
Hamilto	on			Debtor 2 only					
County				Debtor 1 and D	Debtor 2 only	□ Chec	k if this is com	munit	v property
				At least one of	the debtors and another		nstructions)		,, ,, ,
				_	ou wish to add about this	item, such as l	ocal		
			• •	erty identificatio	on number:				
			Aud	itors value					
2 Add tha	dollar value of the portion	you own fo	r all of	vour entrice f	rom Part 1 including a	ny antrias fa	,		
	ou have attached for Part								\$48,800.00
	ribe Your Vehicles								
DESCI	INC TOUT VEHICLES								

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Model: Ranger Year: 1996 Approximate mileage: 179,046 Other information:    Debtor 1 only   Current value of entire property?   Check if this is community property (see instructions)	portion you own?  0.00 \$700.0  cured claims or exemptions. Put y secured claims on Schedule D: ave Claims Secured by Property.
Model: Ranger Year: 1996 Approximate mileage: 179,046 Other information:    Debtor 1 only   Current value of entire property?   Check if this is community property   S70   Check if this is community property   Current value of entire property?   Debtor 1 only   Current value of entire property?   S70   S70   Debtor 2 only   Current value of entire property?   S70   S70   Debtor 1 only   Current value of entire property?   S70   Debtor 1 only   Current value of the amount of any Creditors Who Have a not property?   Debtor 1 only   Current value of entire property?   Debtor 2 only   Current value of entire property?   Other information:   Debtor 1 and Debtor 2 only   Current value of entire property?   Other information:   Debtor 1 and Debtor 2 only   Current value of entire property?   S60	y secured claims on Schedule D: ave Claims Secured by Property.  the Current value of the portion you own?  0.00 \$700.0  cured claims or exemptions. Put y secured claims on Schedule D: ave Claims Secured by Property.  the Current value of the
Model: Ranger Year: 1996 Approximate mileage: 179,046 Other information:    Debtor 1 only   Current value of entire property?   Check if this is community property   S70   Check if this is community property   Current value of entire property?   Debtor 1 only   Current value of entire property?   S70   S70   Debtor 2 only   Current value of entire property?   S70   S70   Debtor 1 only   Current value of entire property?   S70   Debtor 1 only   Current value of the amount of any Creditors Who Have a not property?   Debtor 1 only   Current value of entire property?   Debtor 2 only   Current value of entire property?   Other information:   Debtor 1 and Debtor 2 only   Current value of entire property?   Other information:   Debtor 1 and Debtor 2 only   Current value of entire property?   S60	y secured claims on Schedule D: ave Claims Secured by Property.  the Current value of the portion you own?  0.00 \$700.0  cured claims or exemptions. Put y secured claims on Schedule D: ave Claims Secured by Property.  the Current value of the
Model: Ranger Year: 1996 Approximate mileage: 179,046 Other information:    Debtor 1 only   Current value of entire property?	the Current value of the portion you own?  Cured claims or exemptions. Put y secured claims on Schedule D: ave Claims Secured by Property.  Current value of the Current value of the
Approximate mileage: 179,046 Other information:	portion you own?  0.00 \$700.0  cured claims or exemptions. Put y secured claims on Schedule D: ave Claims Secured by Property.
Other information:  At least one of the debtors and another  Check if this is community property (see instructions)  Make: Buick Model: Lesabre Year: 1995 Approximate mileage: 145,483 Other information:  At least one of the debtors and another  Do not deduct see the amount of any Creditors Who He Creditors Who He entire property?  Current value of entire property?  At least one of the debtors and another  Check if this is community property  \$60	cured claims or exemptions. Put y secured claims on Schedule Dave Claims Secured by Property.
Check if this is community property    Check if this is community property (see instructions)   \$70	cured claims or exemptions. Put y secured claims on <i>Schedule D.</i> ave Claims Secured by Property.
Solution   Check if this is community property	cured claims or exemptions. Put y secured claims on <i>Schedule D.</i> ave Claims Secured by Property.
Model: Lesabre Year: 1995 Approximate mileage: 145,483 Other information: Debtor 1 and Debtor 2 only Other information: Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property? Check one the amount of an Creditors Who Has an interest in the property?	y secured claims on Schedule D ave Claims Secured by Property the Current value of the
Year: 1995 Approximate mileage: 145,483 Other information:	the Current value of the
Approximate mileage: 145,483	
Other information:  At least one of the debtors and another  Check if this is community property  \$60	portion you own?
☐ Check if this is community property \$60	
Check it this is community property	
	0.00 \$600.0
t 3: Describe Your Personal and Household Items you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured
Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  □ No	claims or exemptions.
Yes. Describe	
Stove Refrigerator Microwave Washer & Dryer Dining room	***
Stove Refrigerator Microwave Washer & Dryer	\$1,140
Stove Refrigerator Microwave Washer & Dryer Dining room Bedroom  Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games	\$1,140 collections; electronic device
Stove Refrigerator Microwave Washer & Dryer Dining room Bedroom  Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of the state of the	<u> </u>

Official Form 106A/B

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Debtor 1	Thomas D. Cunningham	Case number (if known)	
8. Collecti	bles of value		
	es: Antiques and figurines; paintings, prints, or other art other collections, memorabilia, collectibles	work; books, pictures, or other art objects; stamp, coin,	or baseball card collections;
_	Describe		
Example ■ No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equinous musical instruments  Describe	uipment; bicycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
■ No	ns  oles: Pistols, rifles, shotguns, ammunition, and related e  Describe	quipment	
□ No	oles: Everyday clothes, furs, leather coats, designer wea	ar, shoes, accessories	
■ Yes.	Describe		
	clothes		\$100.00
☐ No	y bles: Everyday jewelry, costume jewelry, engagement rii Describe	ngs, wedding rings, heirloom jewelry, watches, gems, g	old, silver
	jewelry		\$200.00
<i>Exam</i> l □ No □	rm animals ples: Dogs, cats, birds, horses Describe		
	2 cats		\$0.00
■ No	her personal and household items you did not alrea	dy list, including any health aids you did not list	
	the dollar value of all of your entries from Part 3, inc art 3. Write that number here		\$1,940.00
Part 4: De	scribe Your Financial Assets	·	
Do you ov	vn or have any legal or equitable interest in any of th	ne following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	oles: Money you have in your wallet, in your home, in a		on
■ Yes			
		Cash	\$40.00

Official Form 106A/B Schedule A/B: Property page 3

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Thomas D. Cunningham

Case number (if known)

D	Inomas D. C	unning	nam	Case number (if known)	
17	Deposits of money				
.,.		avings, o	r other financial acc	ounts; certificates of deposit; shares in credit unions, brokerage houses, and o	ther similar
				s with the same institution, list each.	
	□ No				
	■ Yes			Institution name:	
			01	Fifth Third Donk	¢44.00
		17.1.	Checking	Fifth Third Bank	\$14.00
		17.2.	Savings	Fifth Third Bank	\$15.00
18.	Bonds, mutual funds, o	or public	ly traded stocks		
				okerage firms, money market accounts	
	■ No				
	☐ Yes		Institution or issuer	name:	
40	Non mublishy treded at	aals and	interests in incorn	areted and unincorrected businesses including an interest in an LLC	autuarahin and
19.	joint venture	ock and	interests in incorp	orated and unincorporated businesses, including an interest in an LLC, p	artnersnip, and
	■ No				
	☐ Yes. Give specific info	ormation	about them		
	Tes. Give specific init		me of entity:	% of ownership:	
			•	·	
20.				otiable and non-negotiable instruments	
				shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	No	erns are	those you cannot the	ansier to someone by signing or delivering them.	
	☐ Yes. Give specific info	rmation	about thom		
	Tes. Give specific into		uer name:		
		1330	uei name.		
21.	Retirement or pension	account	ts		
	•	RA, ERIS	SA, Keogh, 401(k), 4	403(b), thrift savings accounts, or other pension or profit-sharing plans	
	□ No				
	Yes. List each accoun	t separat	tely.		
		Type	of account:	Institution name:	
		PERS	8	SORTA	Unknown
		r Liv		JONTA	Olikilowii
		DED	•	Okia Dafamad Oamanaatian	<b>*</b> 50.000.05
		PERS	<b>5</b>	Ohio Deferred Compensation	\$52,629.35
		ROTI	H IRA	Ameriprise	\$1,998.46
22.	Security deposits and	prepayn	nents		
			,	o that you may continue service or use from a company	
	_ ′ ~	with land	dlords, prepaid rent,	public utilities (electric, gas, water), telecommunications companies, or others	
	■ No				
	☐ Yes			Institution name or individual:	
23	Annuities (A contract fo	r a perio	dic payment of mon	ey to you, either for life or for a number of years)	
_0.	■ No	i a pono	alo paymont or mon	of to you, other for me or for a number of yours,	
		suer nam	e and description.		
	L 165	, , , , , , , , , , , , , , , , , , , ,			
24.				qualified ABLE program, or under a qualified state tuition program.	
	26 U.S.C. §§ 530(b)(1), 5	529A(b),	and 529(b)(1).		
	No .			• • • • • • • • • • • • • • • • • • • •	
	☐ Yes Ins	stitution r	name and descriptio	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25	Truste aquitable or fut	ure inte	rasts in property /	other than anything listed in line 1), and rights or powers exercisable for y	our benefit
۷.	■ No	are mile	reata in property (C	outer than anything hated in line 1), and rights of powers exercisable for y	our benefit
	NO  Ves Give specific info	ormotics	about them		
	THE CHIVE SPECIFIC INTO	"THATION	action inam		

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26.		, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing agreements	
	☐ Yes.	Give specific information about them	
27.		es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses	
	_	Give specific information about them	
M	oney or p	property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refo	unds owed to you	
	☐ Yes. 0	Give specific information about them, including whether you already filed the returns and the tax years	
29.	■ No	support  les: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property set  Give specific information	tlement
30.	Examp  No	mounts someone owes you  les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensate benefits; unpaid loans you made to someone else	ion, Social Security
31.	Interest	Give specific information  s in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance	
	■ No		
	☐ Yes. I	Name the insurance company of each policy and list its value.  Company name:  Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive ne has died.	property because
	■ No □ Yes.	Give specific information	
33.	Examp	against third parties, whether or not you have filed a lawsuit or made a demand for payment les: Accidents, employment disputes, insurance claims, or rights to sue	
	■ No □ Yes.	Describe each claim	
34.	Other c	ontingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to se	t off claims
		Describe each claim	
35.		ancial assets you did not already list	
	■ No □ Yes.	Give specific information	
36		ne dollar value of all of your entries from Part 4, including any entries for pages you have attached rt 4. Write that number here	\$54,696.81

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor 1

Doc 1 Filed 10/23/17 Entered 10/23/17 18:41:27 Case 1:17-bk-13798 Page 15 of 54 Document Debtor 1 Case number (if known) Thomas D. Cunningham 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$48,800.00
56.	Part 2: Total vehicles, line 5		\$1,300.00	_	
57.	Part 3: Total personal and household items, line 15		\$1,940.00		
58.	Part 4: Total financial assets, line 36		\$54,696.81		
59.	Part 5: Total business-related property, line 45	_	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	_	\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$57,936.81	Copy personal property total	\$57,936.81

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$106,736.81

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Fill in this infor	mation to identify your	case:			
Debtor 1	Thomas D. Cunni	ngham			
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)					Check if this is an amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property	' You Claim as Exempt
-------------------------------	-----------------------

1.	Which set of exemp	ptions are	you claiming?	Check one only	, even if	your spouse is	s filing with	vou.
----	--------------------	------------	---------------	----------------	-----------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
702 E Ross Ave Cincinnati, OH 45217 Hamilton County	\$48,800.00		\$136,925.00	Ohio Rev. Code Ann. § 2329.66(A)(1)
Auditors value Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
1995 Buick Lesabre 145,483 miles Line from Schedule A/B: 3.2	\$600.00		\$600.00	Ohio Rev. Code Ann. § 2329.66(A)(2)
Ellie Holli Schedule AVB. 3.2			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)
Stove Refrigerator	\$1,140.00		\$1,140.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Microwave Washer & Dryer Dining room			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)
Bedroom Line from Schedule A/B: 6.1				
(4) Televisions (1) Stereo	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Line from Schedule A/B: <b>7.1</b>			100% of fair market value, up to any applicable statutory limit	2020.00(7.)(4)(u)

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Debtor 1 Thomas D. Cunningham

Case number (if known)

otor 1 Thomas D. Cunningham			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from		· ·	Specific laws that allow exemption
	Schedule A/B			
clothes Line from Schedule A/B: 11.1	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
jewelry Line from Schedule A/B: 12.1	\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
Enternesin destruction (Control of the Control of t			100% of fair market value, up to any applicable statutory limit	202000( 3/, 3/, 3/, 3/
Cash Line from Schedule A/B: 16.1	\$40.00		\$40.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Enternesin destruction of the control of the contro			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(0)
Checking: Fifth Third Bank	\$14.00		\$14.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Life from Schedule AVD. 1711			100% of fair market value, up to any applicable statutory limit	2020.00(1)(0)
Savings: Fifth Third Bank	\$15.00		\$15.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Ellie Holli Geriedale Av.B. 17.2			100% of fair market value, up to any applicable statutory limit	2020.00(1)(0)
PERS: SORTA	Unknown		100%	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
Elle Holli Genedale Av.B. 2111			100% of fair market value, up to any applicable statutory limit	2020:00(+)(+0)(0)
PERS: Ohio Deferred Compensation	\$52,629.35		100%	Ohio Rev. Code Ann. §§ 2329.66(A)(10)(a), 521.09,
Elle Holli Genedale AVB. 2112			100% of fair market value, up to any applicable statutory limit	145.56, 145.75, 145.13, 742.47, 3307.71
ROTH IRA: Ameriprise	\$1,998.46		100%	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)
Ente from Solitodate 70B. 2116			100% of fair market value, up to any applicable statutory limit	
<ul> <li>(Subject to adjustment on 4/01/19 and every</li> <li>■ No</li> <li>□ Yes. Did you acquire the property cover</li> <li>□ No</li> </ul>	3 years after that for ca	ases fi	,	,
	Clothes Line from Schedule A/B: 11.1  jewelry Line from Schedule A/B: 12.1  Cash Line from Schedule A/B: 16.1  Checking: Fifth Third Bank Line from Schedule A/B: 17.1  Savings: Fifth Third Bank Line from Schedule A/B: 17.2  PERS: SORTA Line from Schedule A/B: 21.1  PERS: Ohio Deferred Compensation Line from Schedule A/B: 21.2  ROTH IRA: Ameriprise Line from Schedule A/B: 21.3  Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No  Yes. Did you acquire the property cover	Clothes Line from Schedule A/B: 11.1    jewelry   \$200.00   Line from Schedule A/B: 12.1    Cash   \$40.00   Line from Schedule A/B: 16.1    Checking: Fifth Third Bank   \$14.00   Line from Schedule A/B: 17.1    Savings: Fifth Third Bank   \$15.00    Savings: Fifth Third Bank   \$15.00    PERS: SORTA   Unknown   Line from Schedule A/B: 21.1    PERS: Ohio Deferred Compensation   \$52,629.35   ROTH IRA: Ameriprise   Line from Schedule A/B: 21.3    Are you claiming a homestead exemption of more than \$160,37 (Subject to adjustment on 4/01/19 and every 3 years after that for call and the property covered by the exemption with th	Clothes   Standard   Standard   Standard   Checking: Fifth Third Bank   Line from Schedule A/B: 17.1   Savings: Fifth Third Bank   Line from Schedule A/B: 17.1   Standard   Checking: Fifth Third Bank   Checking: Fifth	Cothes   State   Ilists this property   Portion you own Schedule A/B   11.1

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Filli	in this informa	tion to identify you		0 10	01 0 1		
Deb	tor 1	Thomas D. Cun					
Dob	tor 2	First Name	Middle Name Last Na	ime			
	use if, filing)	First Name	Middle Name Last Na	ime			
Unit	ed States Bank	ruptcy Court for the:	SOUTHERN DISTRICT OF OHIO				
Case (if kno	e number					_	if this is an led filing
Offi	icial Form	106D					
			Who Have Claims Secu	ıred	by Property	y	12/15
is nee numb 1. Do	eded, copy the A per (if known). any creditors ha	additional Page, fill it of a secured by	If two married people are filing together, both out, number the entries, and attach it to this for your property?  In form to the court with your other schedu	orm. On	the top of any addition	nal pages, write your na	
I	Yes. Fill in a	II of the information	below.				
Part	1: List All	Secured Claims			Column A	Column D	Column
for ea	ach claim. If mor	e than one creditor has	nore than one secured claim, list the creditor sep a particular claim, list the other creditors in Part cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	CitiFinancia Creditor's Name	al	Describe the property that secures the claim	n: 	\$3,000.00	\$700.00	\$2,300.00
	8433 Colera Cincinnati, 45239-3926	ОН	As of the date you file, the claim is: Check all apply.  Contingent	that			
	Number, Street, C	ity, State & Zip Code	☐ Unliquidated☐ Disputed				
Who	owes the debt	? Check one.	Nature of lien. Check all that apply.				
	Debtor 1 only Debtor 2 only Debtor 1 and Debt		<ul><li>An agreement you made (such as mortgage car loan)</li><li>Statutory lien (such as tax lien, mechanic's</li></ul>		ired		
_	It least one of the check if this clair	debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) <b>title lo</b>	an			
	community debt		Other (including a right to offset)	Jaii			
Date	debt was incur	red 12/2007	Last 4 digits of account number				
2.2	Wilmington Fund Socie Creditor's Name		Describe the property that secures the claim	n: _	\$91,016.00	\$48,800.00	\$42,216.00
	as Trustee Mtge Loan 1600 SOUT ROAD SUIT Anaheim, C	Trust A H DOUGLASS E 200A	702 E Ross Ave Cincinnati, OH 45217 Hamilton County Auditors value As of the date you file, the claim is: Check all apply.  ☐ Contingent ☐ Unliquidated	that			
Who	owes the debt	? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
	Debtor 1 only Debtor 2 only Debtor 1 and Debt at least one of the	or 2 only debtors and another	<ul> <li>An agreement you made (such as mortgage car loan)</li> <li>Statutory lien (such as tax lien, mechanic's</li> <li>Judgment lien from a lawsuit</li> </ul>		ured		
	check if this clain		Other (including a right to offset)				
Date	debt was incur	red <b>4/1999</b>	Last 4 digits of account number				

Official Form 106D

# Case 1:17-bk-13798 Doc 1 Filed 10/23/17 Entered 10/23/17 18:41:27 Desc Main Document Page 19 of 54

Debto	or 1 Thomas D. Cunr	ningham		Case number (if know)	
	First Name	Middle Name	Last Name		
Add	the dollar value of your en	ntries in Column A on	this page. Write that number	here: \$94,016.00	
	is is the last page of your to that number here:	orm, add the dollar va	alue totals from all pages.	\$94,016.00	
Part 2	2: List Others to Be N	otified for a Debt Th	nat You Already Listed		
trying than c	to collect from you for a c	lebt you owe to somed debts that you listed i	one else, list the creditor in P	ebt that you already listed in Part 1. For example, if a collection a Part 1, and then list the collection agency here. Similarly, if you he reditors here. If you do not have additional persons to be notified	ave more
	Name, Number, Street, City Carrington Mortgag 2201 East 196th Stre Westfield, IN 46074	e Services		On which line in Part 1 did you enter the creditor?  Last 4 digits of account number	
	Name, Number, Street, City Reisenfeld and Ass 3962 Red Bank Rd Cincinnati, OH 4522	oc.		On which line in Part 1 did you enter the creditor?  Last 4 digits of account number	

Case 1:17-bk-13798 Doc 1 Filed 10/23/17 Entered 10/23/17 18:41:27 Desc Main

Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. It any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Foschedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that	Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO  Case number (if known)  Check amen  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or Schedule AB: Property (Official Forms)  Schedule C: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with property (Official Forms)  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases (Official Form 106G), Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page, If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (If known).  Part 1:  List All of Your PRIORITY Unsecured Claims  Yes.  2. List all of your priority unsecured claims against you?  Yes.  2. List all of your priority unsecured claims has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amoun possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO  Case number (if known)  Check amen  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or Schedule AB: Property (Official Forms)  Schedule C: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with property (Official Forms)  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases (Official Form 106G), Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page, If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (If known).  Part 1:  List All of Your PRIORITY Unsecured Claims  Yes.  2. List all of your priority unsecured claims against you?  Yes.  2. List all of your priority unsecured claims has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amoun possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO  Case number (if known)	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO  Case number ((I known)  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. It any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additiona name and clase number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims aboth priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, lill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority amount Priority amount C/O Attorney General Revenue Recovery 150 E. Gay Street, 21st FL	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
Case number (if known)  Case number (if known)  Confficial Form 106E/F  Chedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. If any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Foschedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and onopriority amounts, list that claim here and show both priority and nonpriority anopassible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Content Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of  Taxation  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of Taxation  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. I any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims aboth priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority and part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of  Taxation  Last 4 digits of account number  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?	nended filing  12/15  ns. List the other party to Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. It any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims as both priority and nonpriority amounts, list that claim here and show both priority and nonpriority possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Content Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of  Taxation  Last 4 digits of account number  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?	12/15  Ins. List the other party to all Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  In For each claim listed, mounts. As much as
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Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. It any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additiona name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of  Taxation  Last 4 digits of account number  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?	ns. List the other party to il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. It any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Alb: Property (Official Fos Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.   Yes.	ns. List the other party to il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your
any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Foschedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Content Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of  Taxation  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	Il Form 106A/B) and on that are listed in ries in the boxes on the onal pages, write your  . For each claim listed, mounts. As much as
1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  State of Ohio Department of  Taxation  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	mounts. As much as
No. Go to Part 2.  ■ Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amount possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority amount  State of Ohio Department of  Taxation Last 4 digits of account number \$0.00 \$0.00  Priority Creditor's Name  C/O Attorney General Revenue Recovery  150 E. Gay Street, 21st FL	mounts. As much as
Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Content Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority amount  State of Ohio Department of  Taxation  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	mounts. As much as
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Context Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority amount  State of Ohio Department of  Taxation  Priority Creditor's Name  C/O Attorney General Revenue  Recovery  150 E. Gay Street, 21st FL	mounts. As much as
identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amount possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Cont Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim  Priority amount  State of Ohio Department of Taxation  Priority Creditor's Name  C/O Attorney General Revenue Recovery 150 E. Gay Street, 21st FL	mounts. As much as
State of Ohio Department of Taxation Priority Creditor's Name C/O Attorney General Revenue Recovery 150 E. Gay Street, 21st FL	Continuation Page of
State of Ohio Department of Taxation Priority Creditor's Name C/O Attorney General Revenue Recovery 150 E. Gay Street, 21st FL  State of Ohio Department of Last 4 digits of account number When was the debt incurred?	Nonpriority amount
Taxation Last 4 digits of account number \$0.00 \$0.00  Priority Creditor's Name C/O Attorney General Revenue Recovery 150 E. Gay Street, 21st FL	amount
C/O Attorney General Revenue When was the debt incurred?  Recovery  150 E. Gay Street, 21st FL	0.00 \$0.00
Recovery 150 E. Gay Street, 21st FL	
150 E. Gay Street, 21st FL	
Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
■ Debtor 1 only □ Unliquidated	
☐ Debtor 2 only ☐ Disputed	
☐ Debtor 1 and Debtor 2 only  Type of PRIORITY unsecured claim:	
- At least one of the design and another	
☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government	
Is the claim subject to offset?	
■ No □ Other. Specify	
□ Yes notice only	
Part 2: List All of Your NONPRIORITY Unsecured Claims	
Do any creditors have nonpriority unsecured claims against you?	
□ No. You have nothing to report in this part. Submit this form to the court with your other schedules.	
■ Yes.	
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Cont Part 2.	uded in Part 1. If more

Total claim

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Case number (if know)	
Last 4 digits of account number	\$2,000.00
When was the debt incurred? 2016	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
Obligations arising out of a separation agreement or divorce that you did	l not
report as priority claims	
$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Other. Specify medical	
	When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did report as priority claims Debts to pension or profit-sharing plans, and other similar debts

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	01	On the Advance	01		Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	2,000.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	2,000.00

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Fill in this information to identify your case:					
Debtor 1 Thomas D. Cunningham					
First Name Middle Name Last Name					
Debtor 2					
(Spouse if, filing) First Name Middle Name Last Name					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO					
Case number					
(if known)					

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del></del>
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>

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		Docume	nı Page 23 C	)I 54	
Fill in thi	s information to identify you	r case:			
Debtor 1	Thomas D. Cunr	ningham			
DCD(O)	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
	, ,				
Case nur	mber				<b>—</b> 0
(if known)					Check if this is an amended filing
					amended ming
Officia	al Form 106H				
		Johtovo			
scne	dule H: Your Cod	reptors			12/15
■ No□ Ye		ou lived in a community pr	operty state or territo	r <b>y?</b> (Community properi	
3. In Co	ie 2 again as a codebtor only	otors. Do not include your if that person is a guaran	spouse as a codebto tor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor			Column 2: The cro	editor to whom you owe the debt
	Name, Number, Street, City, State and	ZIP Code		Check all schedule	es that apply:
3.1				☐ Schedule D, lin	e e
0.1	Name			□ Schedule E/F,	
				☐ Schedule G, lir	
	North an Otres t				
	Number Street City	State	ZIP Code		
	,				
3.2	Name			Schedule D, lin	
	Ivaine			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street				
	City	State	ZIP Code		

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Fill	in this information to	o identify your ca	ase:							
Deb	otor 1	Thomas D. C	Cunningham			_				
	otor 2 ouse, if filing)					_				
Uni	ted States Bankrup	tcy Court for the	SOUTHERN DISTRIC	T OF OHIO						
	se number						Check if this is:  An amende  A supplementation	J		chapter
Of	fficial Form	106I					MM / DD/ Y		ing date.	
So	chedule I: `	Your Inc	ome				IVIIVI / DD/ I	111		12/15
sup <sub>i</sub> spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse i ide infori	is living mation	ı with you, inclu about your spo	ude informations. If more s	n about y	your eeded,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	or non-filing	spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Employed	■ Employed			oyed		
		Employment status	☐ Not employed			☐ Not er	mployed			
	employers.		Occupation	Bus Driver						
	Include part-time, self-employed wo	rk.	Employer's name	Southwest Ohio Regional Transit Authorit  602 Main Street, Ste 11000 Cincinnati, OH 45202						
	Occupation may in or homemaker, if		Employer's address							
			How long employed ti	here? 9 yrs			<u> </u>			
Par	t 2: Give Det	ails About Mor	thly Income							
	mate monthly incouse unless you are s		ate you file this form. If y	you have nothing to r	eport for	any line	e, write \$0 in the	space. Include	your non	-filing
	u or your non-filing e space, attach a se		ore than one employer, co	ombine the information	n for all e	employe	ers for that perso	n on the lines t	pelow. If y	ou need
						Fo	or Debtor 1	For Debtor non-filing s		
2.			ry, and commissions (becalculate what the month)		2.	\$	4,734.75	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	4,734.75	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Dec	tor 1	Thomas D. Cunningham	-	Cas	se number (if k	nown)				
				F	or Debtor 1			Debtor		
	Cop	y line 4 here	4.	\$	4,73	4.75	\$	9	N/A	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	684	4.60	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	. \$		3.48	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	. \$	520	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	. \$		0.00	\$		N/A	_
	5e.	Insurance	5e.			4.88	\$		N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$_		N/A	_
	5g.	Union dues	5g. 5h.			0.33			N/A	_
•	5h.	Other deductions. Specify:	_			0.00			N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,95		\$_		N/A	_
7.	Calc	rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,78	1.46	\$_		N/A	<u>\</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.			0.00	\$_		N/A	_
	8b.	Interest and dividends	8b.	. \$		0.00	\$		N/A	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	. \$	(	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	. \$		0.00	\$		N/A	_
	8e.	Social Security	8e.	. \$		0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Bangian or retirement income	8f.			0.00	\$_		N/A	_
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g. 8h.			0.00	+ \$ -		N/A N/A	_
	OH.	Other monuny income. Specify.	011.	.т ф		J.UU	ΤΨ_		IN/A	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	180	0.00	\$_		N/	A
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$	2,961.46	+ \$		N/A	= \$	2,961.46
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			_,				<u> </u>	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not city:	depe					Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines						. 12.	\$	2,961.46
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						Combi month	ned ly income
		No. Yes Explain								

Fill	n this informa	tion to identify yo	our case:					
Deb		Thomas D. C		am		Che	eck if this is:	
Date	tor 2	1110111100 21 0	,g				An amended filing	of an analysis of the analysis of
	ouse, if filing)							wing postpetition chapter the following date:
Unite	ed States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OHIC	)		MM / DD / YYYY	
	e numbe <b>r</b> nown)							
Of	ficial Fo	rm 106J				•		
		J: Your						12/1:
info	rmation. If m		eded, atta	. If two married people and characters in the character sheet to this n.				
Part		ibe Your House	ehold					
1.	Is this a join							
	■ No. Go to		in a senar	ate household?				
	□ 103. <b>D00</b>		iii a sepaii	ate nousenoiu:				
			st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Del	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.			-			□ Yes □ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{\square}$	No Yes				
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
(011	iciai Foriii 10	01.)						
4.		r home owners ad any rent for th		ses for your residence. I r lot.	nclude first mortgag	e 4.	\$	0.00
	If not includ	ed in line 4:						
		state taxes				4a.	\$	0.00
		rty, homeowner's				4b.		0.00
		maintenance, re owner's associat		upkeep expenses dominium dues		4c. 4d.	·	50.00 0.00
5.				our residence, such as ho	me equity loans	5.		0.00

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Debtor 1 Tho	mas D. Cunningham	Case num	ber (if known)	
6. Utilities:				
	tricity, heat, natural gas	6a.	\$	200.00
6b. Wate	er, sewer, garbage collection	6b.	\$	0.00
	phone, cell phone, Internet, satellite, and cable services	6c.	\$	195.00
6d. Othe	er. Specify:	6d.		0.00
	housekeeping supplies	7.	·	312.00
	and children's education costs	8.	\$	0.00
	laundry, and dry cleaning	9.	\$	35.00
_	care products and services	10.	\$	20.00
	nd dental expenses	11.	· -	200.00
	ation. Include gas, maintenance, bus or train fare.	11.	Ψ	200.00
	ude car payments.	12.	\$	300.00
	nent, clubs, recreation, newspapers, magazines, and books	13.		0.00
	contributions and religious donations	14.	·	0.00
5. Insurance	•		<u> </u>	0.00
	ude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life		15a.	\$	0.00
	Ith insurance	15b.	·	0.00
	icle insurance	15c.	· ·	110.00
	er insurance. Specify:	15d.		0.00
	not include taxes deducted from your pay or included in lines 4 or 2			0.00
Specify:	The morade taxee deducted from your pay or moraded in into 1 of 2	16.	\$	0.00
	nt or lease payments:		· -	
	payments for Vehicle 1	17a.	\$	0.00
	payments for Vehicle 2	17b.	\$	0.00
17c. Othe		17c.	\$	0.00
17d. Othe		17d.	·	0.00
	nents of alimony, maintenance, and support that you did not re		<u> </u>	0.00
	from your pay on line 5, Schedule I, Your Income (Official Form		\$	0.00
	ments you make to support others who do not live with you.	,	\$	0.00
Specify:		19.		
0. Other real	property expenses not included in lines 4 or 5 of this form or o	n Schedule I: Yo	our Income.	
20a. Mort	gages on other property	20a.	\$	0.00
20b. Rea	l estate taxes	20b.	\$	0.00
20c. Prop	perty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Mair	ntenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Hom	neowner's association or condominium dues	20e.		0.00
1. Other: Spe	ecify: pet expenses	21.	+\$	40.00
·	· <u>· · · · · · · · · · · · · · · · · · </u>			40.00
	your monthly expenses		1 .	
	nes 4 through 21.		\$	1,462.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	
22c. Add li	ne 22a and 22b. The result is your monthly expenses.		\$	1,462.00
				,
	your monthly net income.	25	Φ.	
	y line 12 (your combined monthly income) from Schedule I.	23a.	·	2,961.46
23b. Cop	y your monthly expenses from line 22c above.	23b.	-\$	1,462.00
00- 0-1	formation and the contract of the formation of the format			
	tract your monthly expenses from your monthly income.	23c.	\$	1,499.46
The	result is your monthly net income.	230.	<u> </u>	.,,,,,,,,,
24 Do vou ev	pect an increase or decrease in your expenses within the year	after vou file this	s form?	
	e, do you expect to finish paying for your car loan within the year or do you exp			or decrease because of a
	to the terms of your mortgage?	,	, , :	
■ No.				
☐ Yes.	Explain here:			

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Fill in this inform	nation to identify your	case:			
Debtor 1					
Deptor i	Thomas D. Cunni	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO		
Case number					
(if known)					Check if this is an amended filing
Official Form		n Individua	l Debtor's So	shadulas	
Declarati	on About a	iii iiidividaa	i Depioi 3 30	ileuules .	12/15
If two married peo	ople are filing togethe	r, both are equally resp	onsible for supplying co	rrect information.	
obtaining money		n connection with a bar			ment, concealing property, or 0, or imprisonment for up to 20
Sign	Below				
Did you pay	or agree to pay some	one who is NOT an atto	orney to help you fill out l	bankruptcy forms?	
■ No					
☐ Yes. Na	ame of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
•	ty of perjury, I declare true and correct.	that I have read the sur	mmary and schedules file	ed with this declaratio	n and
X /s/ Thor	mas D. Cunningham	•	X		

Signature of Debtor 2

Date

Thomas D. Cunningham Signature of Debtor 1

Date **October 23, 2017** 

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Fill	n this inform	ation to identify you	r case:			
Deb		Thomas D. Cunr				
200		First Name	Middle Name	Last Name		
Deb	tor 2 se if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	kruptcy Court for the:	SOUTHERN DISTRICT (	OF OHIO		
		, ,				
(if kno	e number <sub></sub>				_	Check if this is an amended filing
Sta	s complete a	of Financial	ble. If two married people a		equally responsible for sup	
		ore space is needed, ). Answer every ques		this form. On the top of any	y additional pages, write yo	ur name and case
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	is?			
	<ul><li>☐ Married</li><li>■ Not married</li></ul>	ied				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>I</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	u received from all jobs and a	ng a business during this you all businesses, including part e together, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$38,340.03	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Thomas D. Cunningham Case number (if known)

		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apple	
For last calendar yea (January 1 to Decemb		■ Wages, commissions, bonuses, tips	\$44,132.00	☐ Wages, commis bonuses, tips	ssions,
		☐ Operating a business		☐ Operating a bus	siness
For the calendar year (January 1 to Decemi		■ Wages, commissions, bonuses, tips	\$46,333.00	☐ Wages, commis bonuses, tips	ssions,
		☐ Operating a business		☐ Operating a bus	siness
Include income rec and other public be winnings. If you are	gardless of wheth enefit payments; e filing a joint cas nd the gross inco	er that income is taxable. Ex- pensions; rental income; intelle e and you have income that y		ed from lawsuits; roy nly once under Debto	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incom Describe below.	Gross income (before deductions and exclusions)
From January 1 of cu the date you filed for		Pensions	\$1,800.00		
For last calendar yea (January 1 to Decemb		Pensions	\$2,162.00		
For the calendar year (January 1 to December 1)		Pensions	\$2,162.00		
Part 3: List Certain	n Payments You	Made Before You Filed for	Bankruptcy		
☐ No. <b>Neithe</b>	r Debtor 1 nor D	s debts primarily consume ebtor 2 has primarily consu personal, family, or househo	umer debts. Consumer debts	are defined in 11 U.	S.C. § 101(8) as "incurred by an
During □ <sub>No</sub>			id you pay any creditor a total	of \$6,425* or more?	
□ Y€	es List below e	each creditor to whom you pareditor. Do not include paymer			ents and the total amount you support and alimony. Also, do
* Subj		payments to an attorney for t on 4/01/19 and every 3 year	this bankruptcy case. rs after that for cases filed on	or after the date of ac	djustment.
		r both have primarily consure you filed for bankruptcy, di	umer debts. id you pay any creditor a total	of \$600 or more?	
■ No	o. Go to line 7				
□ Ye	include pay		id a total of \$600 or more and obligations, such as child supp		u paid that creditor. Do not o, do not include payments to an
Creditor's Name	and Address	Dates of payme	ent Total amount paid	Amount you V	Vas this payment for

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Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Explain what happened  No  Yes. Fill in the details.  Creditor Name and Address  Describe the Property Explain what happened  Date  Value of the property Explain what happened  No  Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken									
Yes. List all payments to an insider.	7.	Insiders include your relatives; any general part of which you are an officer, director, person in c a business you operate as a sole proprietor. 11	tners; relatives of any gene control, or owner of 20% or	eral partners; partners more of their voting	erships of which g securities; an	n you are a genera d any managing a	al partner; corporations igent, including one for		
Insider's Name and Address  Dates of payment  Total amount paid  Amount you still owe  Reason for this payment still owe  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments to an insider Insider's Name and Address  Dates of payment Total amount paid  Amount you still owe Reason for this payment Include creditor's name  Part 4: Identify Legal Actions, Repossessions, and Foreclosures  Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  No Yes, Fill in the details.  Case title Case number Wilmington Savings Fund Society, FSB, as trustee of Stanwich Mortgage Loan Trust A vs. Thomas D. Cunningham A1700696  No Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  No. Go to line 11. Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Date Value of the property Explain what happened  No No Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes, Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was Amount taken  Amount your accounts or refuse to make a payment because you owed a debt?  No Source of the property or the benefit of creditors, a court-appointed receiver, a custodian, or another official?		■ No							
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?   Include payments on debts guaranteed or cosigned by an insider.   Insider's Name and Address   Dates of payment   Total amount paid   Amount you still owe   Reason for this payment   Include creditor's name   Reason for this payment   Including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody   Including a law in the details   Reason for this payment   Reason for this payment   Reason for this payment   Reason for this payment   Include creditor's name   Reason for this payment		☐ Yes. List all payments to an insider.							
Insider? Include payments on debts guaranteed or cosigned by an insider.  ■ No		Insider's Name and Address	Dates of payment		•		this payment		
Yes, List all payments to an insider   Insider's Name and Address   Dates of payment   Total amount   paid   still owe   Reason for this payment   Include creditor's name	В.	insider?		nents or transfer a	ny property o	n account of a d	ebt that benefited an		
Insider's Name and Address  Dates of payment paid  Total amount paid  Amount you still owe Reason for this payment Include creditor's name Include creditor's name Reason for this payment Include creditor's name Include cre		■ No							
Part 4: Identify Legal Actions, Repossessions, and Foreclosures  9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.    No   Yes. Fill in the details.		☐ Yes. List all payments to an insider							
Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?   List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.    No		Insider's Name and Address	Dates of payment		•				
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support of custody modifications, and contract disputes.  Note: Not	Par	t 4: Identify Legal Actions, Repossessions	s, and Foreclosures						
Yes. Fill in the details.  Case title Case number Wilmington Savings Fund Society, FSB, as trustee of Stanwich Mortgage Loan Trust A vs. Thomas D. Cunningham A1700696  Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  No. Go to line 11. Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Explain what happened  Describe the action the creditor took  Date action was amounts from your accounts or refuse to make a payment because you owed a debt? No.  Creditor Name and Address  Describe the action the creditor took  Date action was Amount taken  Amount taken  No  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?	9.	List all such matters, including personal injury c							
Case title Case number Wilmington Savings Fund Society, FSB, as trustee of Stanwich Mortgage Loan Trust A vs. Thomas D. Cunningham A1700696  Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  Pending Pending On appeal Concluded sheriff sale pending  No. Go to line 11. Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was taken Amount taken  Amount taken  No Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?		□ No							
Wilmington Savings Fund Society, FSB, as trustee of Stanwich Mortgage Loan Trust A vs. Thomas D. Cunningham A1700696  Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  Within 1 Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was Amount taken  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?		Yes. Fill in the details.							
FSB, as trustee of Stanwich Mortgage Loan Trust A vs. Thomas D. Cunningham A1700696  Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Explain what happened  Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took Date action was taken  Amount taken  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?			Nature of the case	Court or agency		Status of th	e case		
A1700696  Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Describe the Property  Explain what happened  Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was Amount taken  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?		FSB, as trustee of Stanwich Mortgage Loan Trust A vs. Thomas	Foreclosure	Pleas Court 1000 Main Steet		☐ On appeal			
Check all that apply and fill in the details below.  No. Go to line 11. Yes. Fill in the information below.  Creditor Name and Address  Describe the Property Explain what happened  No  Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  Amount taken  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No			G. 101 101 101 101 101 101 101 101 101 10			sheriff sal	sheriff sale pending		
Creditor Name and Address  Describe the Property  Explain what happened  Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  Amount taken  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?	10.	Check all that apply and fill in the details below.  No. Go to line 11.		rty repossessed, f	oreclosed, ga	rnished, attached	d, seized, or levied?		
Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?			Describe the Property		D	ate	Value of the		
accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No			Explain what happened				property		
Creditor Name and Address  Date action was taken  Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?	11.	accounts or refuse to make a payment became No		uding a bank or fir	nancial institu	tion, set off any a	amounts from your		
12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No		Creditor Name and Address	Describe the action the	creditor took			Amount		
_	12.	court-appointed receiver, a custodian, or and		rty in the possessi			efit of creditors, a		
		_							

Debtor 1 Thomas D. Cunningham

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Del	otor 1 Thomas D. Cunningham	[	Document	Page 32 o	f 54 Case number			
Par	t 5: List Certain Gifts and Contribution	ıs						
13.	Within 2 years before you filed for bankr ■ No	uptcy, c	did you give any	gifts with a total v	value of more th	nan \$600 per person	?	
	Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$60 per person	00	Describe the g	ifts		Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No							
	☐ Yes. Fill in the details for each gift or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)			you contributed		Dates you contributed	Value	
Par	t 6: List Certain Losses	,						
	■ No □ Yes. Fill in the details.  Describe the property you lost and how the loss occurred	Include	the amount that	e coverage for the insurance has paid 33 of Schedule A/	d. List pending	Date of your loss	Value of property lost	
Par	t 7: List Certain Payments or Transfers	5						
16.	consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process. No  Yes. Fill in the details.  Person Who Was Paid Address	preparii	ng a bankruptcy s, or credit counse	petition?	services required	Date payment or transfer was	erty to anyone you  Amount of payment	
	Email or website address Person Who Made the Payment, if Not You				made			
	Ryan J. Really, Attorney at Law, LLC 810 Sycamore 4th Floor Cincinnati, OH 45202 info@getreallylegal.com		Attorney Fee	s			\$1,190.00	
17.	Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that	ditors o	r to make payme			or transfer any prope	erty to anyone who	

No

☐ Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was Address payment made

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Debtor 1 Thomas D. Cunningham

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.											
	☐ Yes. Fill in the details.											
	Person Who Received Transfer Address	Description and v		payme	be any property or ents received or debts a exchange	Date transfer was made						
	Person's relationship to you				<b>.</b>							
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)											
	No Yes, Fill in the details.	No										
	Name of trust	Description and v	Description and value of the property transferre			Date Transfer was						
						made						
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and St	orage Units	S							
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed,											
	sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No											
	Yes. Fill in the details.											
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer						
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?											
	■ No □ Yes. Fill in the details.											
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?						
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?											
	■ No □ Yes. Fill in the details.											
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the contents		Do you still have it?						
Par	t 9: Identify Property You Hold or Control f	for Someone Fise										
			ude any proper	ty you borr	owed from, are storing t	for, or hold in trust						
	■ No □ Yes. Fill in the details.											
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property?  (Number, Street, City, State and ZIP Code)  Where is the property  (Number, Street, City, State and ZIP										
		Code)										
Par	tt 10: Give Details About Environmental Info											

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Thomas D. Cunningham

Case number (if known)

	regulations controlling the cleanup of these substances, wastes, or material.								
		Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort a	II notices, releases, and proceedings th	nat yo	u know about, regardless of when	the	ey occurred.			
24.	Has	any governmental unit notified you that	at you	may be liable or potentially liable	un	der or in violation of an environm	ental law?		
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Hav	Have you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Hav	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
		No							
		Yes. Fill in the details.							
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case		
Par	t 11:	Give Details About Your Business or	Coni	nections to Any Business					
27.	With	thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?							
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.								
		Business Name D Address		scribe the nature of the business		Employer Identification number Do not include Social Security			
	(Number, Street, City, State and ZIP Code)		Naı	ame of accountant or bookkeeper		Dates business existed			
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	otcy, d	lid you give a financial statement t	to a	nyone about your business? Incl	ude all financial		
		No							
		Yes. Fill in the details below.							
		me dress nber, Street, City, State and ZIP Code)	Dat	e Issued					

Part 12: Sign Below

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Thomas D. Cunningham

Case number (if known)

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Thomas D. Cunningham

Thomas D. Cunningham

Signature of Debtor 2

Signature of Debtor 1

Date

October 23, 2017

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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#### **LBR Form 2016-1(b)**

## UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: Thomas D. Cunningham		Case No.
Thomas D. Gammigham		Chapter 13
	Debtor(s)	Judge

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

#### I. Disclosure

1.	Disclosure					
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I and that compensation paid to me within one year before the filing of the petition services rendered or to be rendered on behalf of the debtor(s) in contemplation of follows:	in bankruptcy	, or agreed to be paid to me, for			
Fo	or legal services, I have agreed to accept	. \$	3,500.00			
	rior to the filing of this statement I have received	. \$	1,190.00			
В	alance Due	\$	2,310.00			
<ol> <li>3.</li> <li>4.</li> </ol>	\$\_310.00\_\ of the filing fee has been paid.  The source of the compensation paid to me was:  Debtor \( \subseteq \text{ Other (specify):} \)  The source of compensation to be paid to me is:					
5.	<ul><li>■ Debtor □ Other (specify):</li><li>■ I have not agreed to share the above-disclosed compensation with any other passociates of my law firm.</li></ul>	persons unless	they are members and/or			
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.					

#### II. Application

- 6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
  - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
  - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
  - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required:
  - d. Preparation and filing chapter 13 plan, and any preconfirmation amendments thereto that may be required;

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- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.
  - all services rendered up to and including confirmation of a plan;
  - · services rendered in post-confirmation matters referenced above; and
  - representation in two (2) post-confirmation matters from the following list:
  - . Responding a motion to dismiss the case for failure to make plan payments;
  - . Responding to a motion for relief from stay;
  - . Filing a motion to modify the plan to address a delinquency (including a motion to suspend plan payments);
  - . Addressing a trustee's motion to modify the plan;
  - . Filing an application to incur debt; or
  - . Filing a motion to sell property.

All expenses incurred in connection with the above, including filing fees

- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
  - · Defense of any adversary proceeding;
  - Representation in any unanticipated litigation or contested proceedings arising from the debtor's failure to provide complete and accurate information to the attorney;
  - Representation in any matter not otherwise addressed herein.

October 23, 2017	/s/ Ryan J. Really	
Date	Ryan J. Really	
	Name	
	Ryan J. Really, Attorney at Law, LLC	
	810 Sycamore 4th Floor	
	Cincinnati, OH 45202	
	513-621-0999	
	Fax: 513-621-8703	
	info@getreallylegal.com	
	88257-KY/0070496-OH/85352-FL	

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Fill in this inform	nation to identify your case:
Debtor 1	Thomas D. Cunningham
Debtor 2 (Spouse, if filing)	
United States B	Bankruptcy Court for the: Southern District of Ohio
Case number (if known)	

Check	cas directed in lines 17 and 21:		
	, ,		
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).		
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).		
	3. The commitment period is 3 years.		
	<ul> <li>11 U.S.C. § 1325(b)(3).</li> <li>2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).</li> </ul>		

☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	, , ,	,					
Pai	t 1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one of	nly.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11.						
1 t	fill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6-ne 6 months, add the income for all 6 months and divide the tota pouses own the same rental property, put the income from that	month period al by 6. Fill in	d would the re	be March 1 throusult. Do not includ	igh August 31. If the ai de any income amount	mount of your monthly incom more than once. For example	e varied during le, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	, and com	missio	ons (before all	\$	\$	
3.	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	e payments	s from	a spouse if	\$	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3.	<b>t.</b> Include r d, your dep	egular pende	contributions nts, parents,	\$ 0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1					
	Gross receipts (before all deductions)	·	0.00				
	Ordinary and necessary operating expenses	· -	0.00				
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	. \$	
6.	Net income from rental and other real property	Debtor 1	0.00				
	Gross receipts (before all deductions)	· —	0.00				
	Ordinary and necessary operating expenses	·	0.00	Conv. horo	\$ 0.00	¢	
1	Net monthly income from rental or other real property	\$	v.vv	Copy here ->	<b>D.00</b>	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor	Thomas D. Cunningham		Case number	er ( <i>if known</i> )		
			Column A Debtor 1		Column B Debtor 2 c	
7.	Interest, dividends, and royalties		\$	0.00	\$	
8.	Unemployment compensation		\$	0.00	\$	
	Do not enter the amount if you contend that the amount received was a bene the Social Security Act. Instead, list it here:	fit under	•			
	For you\$	.00				
	For your spouse\$					
1	Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act.		\$	180.00	\$	
	Income from all other sources not listed above. Specify the source and ar Do not include any benefits received under the Social Security Act or paymer received as a victim of a war crime, a crime against humanity, or internationa domestic terrorism. If necessary, list other sources on a separate page and p total below.	nts I or				
			\$	0.00	\$	
			\$	0.00	\$	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	
	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  Determine How to Measure Your Deductions from Income	\$	4,703.01	+ \$ _		= \$ 4,703.01  Total average monthly income
	Copy your total average monthly income from line 11.  Calculate the marital adjustment. Check one:					\$4,703.01_
	You are not married. Fill in 0 below.					
	You are married and your spouse is filing with you. Fill in 0 below.					
	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse'					
	Below, specify the basis for excluding this income and the amount of incadjustments on a separate page.	come de	voted to eac	h purpose	. If necessary	, list additional
	If this adjustment does not apply, enter 0 below.	\$ \$ +\$				
	Total	\$	0.0	00 Co	py here=>	0.00
14.	Your current monthly income. Subtract line 13 from line 12.					\$4,703.01
15.	Calculate your current monthly income for the year. Follow these steps	:				
	15a. Copy line 14 here=>					\$4,703.01
	Multiply line 15a by 12 (the number of months in a year).					x 12
	15b. The result is your current monthly income for the year for this part of t	he form				\$56,436.12

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Debt	or 1	Thomas D. Cunningham		Case number (if known)		
16	. Cal	culate the median family income that applies to y	you. Follow these steps	::		
	16a	Fill in the state in which you live.	ОН			
	4.01					
		Fill in the number of people in your household.	1			46 242 00
	16C	Fill in the median family income for your state and To find a list of applicable median income amounts		ok specified in the separate	\$	46,242.00
		instructions for this form. This list may also be available				
17	. Hov	do the lines compare?				
	17a	Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N				
	17b	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Dispos			
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Cop	y your total average monthly income from line 1	1.		\$	4,703.01
19.	conf	uct the marital adjustment if it applies. If you are end that calculating the commitment period under 1 use's income, copy the amount from line 13.				
	19a	If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19b	Subtract line 19a from line 18.			\$	4,703.01
20.	Cal	culate your current monthly income for the year.	Follow these steps:			
	20a	Copy line 19b			\$	4,703.01
		Multiply by 12 (the number of months in a year).			x	: 12
	20b	The result is your current monthly income for the y	ear for this part of the fo	orm	\$	56,436.12
	20c	Copy the median family income for your state and	size of household from	line 16c	\$	46,242.00
	21.	How do the lines compare?				
		☐ Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the court	, on the top of page 1 of this form, ch	neck box 3, 7	The commitment
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of page 1 of	this form, ch	eck box 4, The
Par	t 4:	Sign Below				
	By s	igning here, under penalty of perjury I declare that t	the information on this s	statement and in any attachments is t	true and corr	ect.
,	/ lel	Thomas D. Cunningham				
,		omas D. Cunningham				
	Sig	nature of Debtor 1				
	Date	October 23, 2017 MM / DD / YYYY				
	If vo	u checked 17a, do NOT fill out or file Form 122C-2.				
	•	u checked 17b, fill out Form 122C-2 and file it with		that form, copy your current monthly	income from	line 14 above.
	II yc	d Checked 17b, illi out Form 1220-2 and me it with		mai form, copy your current monthly	IIICOIIIE IIOII	illie 14 above.

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Fill in	this information to	identify your case:		
Debtor	Thomas I	D. Cunningham		
Debtor (Spous	r 2 se, if filing)			
United	States Bankruptcy C	Court for the: Southern District of Ohio		
Case r (if knov	number wn)		□ Check	if this is an amended filing
	ı Form 122C-2 pter 13 Cal	culation of Your Dispos	sable Income	04/1
Comm Be as o space i	itment Period (Offici complete and accura is needed, attach a	ill need your completed copy of <i>Chapter</i> ial Form 122C-1).  ate as possible. If two married people are separate sheet to this form, Include the lur name and case number (if known).	e filing together, both are equally respo	nsible for being accurate. If more
Part 1	: Calculate Your	Deductions from Your Income		
the	questions in lines 6	ervice (IRS) issues National and Local S -15. To find the IRS standards, go online e available at the bankruptcy clerk's offic	e using the link specified in the separate	
exp	enses if they are high	ounts set out in lines 6-15 regardless of you her than the standards. Do not include any c auct any amounts that you subtracted from you	operating expenses that you subtracted fro	m income in lines 5 and 6 of Form
If yo	our expenses differ fro	om month to month, enter the average expe	ense.	
Note	e: Line numbers 1-4 a	are not used in this form. These numbers ap	pply to information required by a similar for	m used in chapter 7 cases.
5.	The number of peo	pple used in determining your deduction	s from income	
	plus the number of a	people who could be claimed as exemption any additional dependents whom you suppo le in your household.		1
Nati	ional Standards	You must use the IRS National Stand	dards to answer the questions in lines 6-7.	
6.		d other items: Using the number of people dollar amount for food, clothing, and other		\$639.00
7.	the dollar amount fo people who are 65 of	th care allowance: Using the number of por out-of-pocket health care. The number of or olderbecause older people have a higher amount, you may deduct the additional amount.	people is split into two categoriespeople er IRS allowance for health car costs. If yo	who are under 65 and

Official Form 22C-2

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ebtor 1		homas D. Cunningham			Case number (ii	f known)		
Peop	le w	vho are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	49				
	7b.	Number of people who are under 65	x	1				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	49.00	Copy here=	<b>:&gt;</b> \$	49.00	
Peop	le w	vho are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	117				
	7e.	Number of people who are 65 or older	X	0				
•	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=	<b>:&gt;</b> \$ _	0.00	
	7a.	Total. Add line 7c and line 7f		\$	49.00	(	Copy total here=>	\$ 49.00
	. 9.				40.00			40.00
Loca	l Sta	andards You must use the IRS Local Standards	to answer th	ne auestions in	lines 8-15.			
		n information from the IRS, the U.S. Trustee Pro		·		rd for h	nousing for	
bank _	rupt	tcy purposes into two parts:						
_		ing and utilities - Insurance and operating expe	nses					
		ing and utilities - Mortgage or rent expenses						
sepa 8.	rate Hou	er the questions in lines 8-9, use the U.S. Trust e instructions for this form. This chart may also using and utilities - Insurance and operating exp ne dollar amount listed for your county for insurance	<b>be availabl</b> <b>enses:</b> Usi	e at the bankrung the number of	iptcy clerk's of	fice.		489.00
		using and utilities - Mortgage or rent expenses:		3 - 1			_	
!	9a.	Using the number of people you entered in line 5, listed for your county for mortgage or rent expens		llar amount		\$	891.00	
,	9b.	Total average monthly payment for all mortgages	and other d	ebts secured by	your home.			
		To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.						
		Name of the creditor		rage monthly ment				
		Wilmington Savings Fund Society FSB	\$	617.00	)			
		9b. Total average monthly payme	ent \$	617.00	Copy here=>	-\$	617.00	Repeat this amount on line 33a.
9	9c.	Net mortgage or rent expense.						
		Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, en		(mortgage	\$	27	4.00 Copy here=>	\$\$

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Debtor 1	Thomas D. Cunningham		Case number (if kr	nown)		
11.	Local transportation expenses: Check the number of vehi	icles for which you claim a	an ownership o	or operating e	expense.	
	□ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	2 or more. Go to line 12.					
						406.00
	, , , , , , , , , , , , , , , , , , , ,	,	•		\$	
Vel	Describe Vehicle 1: 1996 Ford Ranger 179	,046 miles				
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1	l.				
	Do not include costs for leased vehicles.					
			t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expenses  □ 0. Go to line 14. □ 1. Go to line 12. ■ 2 or more. Go to line 12.  Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.  Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not more than two vehicles.  Poscribe Vehicle 1:  1996 Ford Ranger 179,046 milles  a. Ownership or leasing costs using IRS Local Standard					
			Conv		Repeat this	
	Total Average Monthly Payment	\$		0.0	line 33b.	
13c.	Net Vehicle 1 ownership or lease expense				Copy net	
	·	0, enter \$0			Vehicle 1 expense here	0.00
			Φ	0.00	=> \$	0.00
Vel	nicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	, , ,	2. Do not include costs for				
	Name of each creditor for Vehicle 2	,				
	-NONE-	\$				
			Сору		Repeat this	
	Total average monthly payment	\$	_	0.00	amount on line 33c.	
13f.	·				Copy net Vehicle 2	
	Subtract line 13e from line 13d. If this number is less than \$0	J, enter \$0		0.00	expense here	0.00
14.					the \$	0.00
15.		what you believe is the ap	•	•	•	0.00

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Debtor 1 Thomas D. Cunningham Case number (if known)

Oth		In addition to the exper		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soci	al security taxes, and Nowever, if you expect to the total monthly am	ledicare taxes receive a tax	. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	684.60
17	Involuntary deductions: The		deductions th	at vour iob re	quires, such as retirement	_	
.,.	contributions, union dues, a		acadollorio tri	at your job to	quires, such as retirement		
	Do not include amounts that	are not required by yo	ur job, such as	s voluntary 40	11(k) contributions or payroll savings.	\$	633.81
18.	filing together, include paym	ents that you make for life insurance on your	your spouse's	term life insu	e insurance. If two married people are irance. I spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: administrative agency, such	as spousal or child sup	port payment	S.	by the order of a court or  You will list these obligations in line 35.	\$	0.00
20	• •			• • •	Ğ	· —	
∠∪.	<b>Education:</b> The total month as a condition for your jo		ioi education	uiat is eitrier	required.		
	_					\$	0.00
					ation is available for similar services.	Ψ	
21.	Childcare: The total monthl  Do not include payments for			-	sitting, daycare, nursery, and preschool.	\$	0.00
22.		n and welfare of you or . Include only the amou	your depende int that is more	nts and that is than the tota		\$	0.00
22	•	•			you pay for telecommunication services	· —	
	for you and your dependent phone service, to the extent income, if it is not reimburse Do not include payments for	s, such as pagers, call values necessary for your head by your employer.  basic home telephone	waiting, caller alth and welfard, internet and	identification, e or that of yo cell phone se	special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment you previously deducted.	+\$	195.00
24.	Add all of the expenses al Add lines 6 through 23.	lowed under the IRS e	expense allow	ances.		\$	3,370.41
۸۵۵	litional Expense Deduction	These are addition	nal deductions	allowed by th	ne Means Test		
Aut	inional Expense Deductions				s listed in lines 6-24.		
25.					nses. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
	Health insurance		\$	0.00			
	Disability insurance		\$	0.00			
	Health savings account		+ \$	0.00			
	Total		\$	0.00	Copy total here=>	\$	0.00
	Do you actually spend this to	otal amount?					
	No. How much do yo						
	Yes	a doldany opena:	\$				
26.			· ·				
_0.	continue to pay for the reason your household or member	onable and necessary of of your immediate famil	care and suppo y who is unab	ort of an elder le to pay for s	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b)	\$	0.00
	continue to pay for the reast your household or member include contributions to an a <b>Protection against family</b> v	onable and necessary of your immediate famil ccount of a qualified Alviolence. The reasonal	care and support y who is unab BLE program.	ort of an elder le to pay for s 26 U.S.C. § 5 monthly expe	rly, chronically ill, or disabled member of such expenses. These expenses may s29A(b) enses that you incur to maintain the	\$	0.00
	continue to pay for the reast your household or member include contributions to an a <b>Protection against family</b> v	onable and necessary of your immediate famil ccount of a qualified AB riolence. The reasonaby under the Family Violence the Family Violence.	care and supporting who is unab BLE program. Soly necessary ence Prevention	ort of an elder le to pay for s 26 U.S.C. § 5 monthly expe on and Servic	rly, chronically ill, or disabled member of such expenses. These expenses may 129A(b)	\$	0.00

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ebtor 1	Thomas D. Cunningham	Case number	(if known)				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and op	perating e	expense	s on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy costs include lergy costs	ded in exp	oenses (	on line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show the	at the add	ditional		\$	0.00
		Iren who are younger than 18. The monthly expens pendent children who are younger than 18 years old					
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain vot already accounted for in lines 6-23.	why the a	amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the o	date of ac	djustmer	nt.	\$	0.00
		he monthly amount by which your actual food and clo allowances in the IRS National Standards. That amo s in the IRS National Standards.					
		ional allowance, go online using the link specified in too be available at the bankruptcy clerk's office.	the separ	ate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.	amount that you will continue to contribute in the for nization. 11 U.S.C. § 548(d)(3) and (4).	m of cast	n or fina	ncial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$	0.00
Dedu	uctions for Debt Payment						
lo	pans, and other secured debt, fill in lines	in property that you own, including home mortga 33a through 33e. ent, add all amounts that are contractually due to eac					
С	reditor in the 60 months after you file for ba  Mortgages on your home	nkruptcy. Then divide by 60.				Averag	e monthly
	mortgages on your name					payme	
33a.	Copy line 9b here				.=>	\$	617.00
	Loans on your first two vehicles						
33b.	Copy line 13b here				=>	\$	0.00
33c.					=>	\$	0.00
33d.	List other secured debts:						
Nam	e of each creditor for other secured debt	Identify property that secures the debt	inclu	s payme ude taxe isurance	s		
				No			
	-NONE-			Yes	:	\$	
		_	_				
				No			
			_ 🗆	Yes	;	\$	
				No			
				Yes	+ ;	\$	
					,	·	
33e	Total average monthly payment. Add lines	33a through 33d \$	617	7.00	Copy total here=>	\$	617.00

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ebtor 1 Tho	mas D. Cunningham			Ca	ise i	number (if known)			
or other	property necessary for	ine 33 secured by your property or the support or t			le,				
_	Go to line 35.								
■ Yes.	listed in line 33, to keep	ou must pay to a creditor, ir possession of your property III in the information below.							
Name of the	creditor	Identify property that se	ecures the debt		T	otal cure amount		Monthly	
CitiFinan	cial	1996 Ford Ranger	179,046 mile	es \$	5	3,000.00	÷ 60 =	\$	50.00
14/11		702 E Ross Ave Ci	incinnati, Ol	H 45217	-				
Society F	on Savings Fund	Hamilton County		\$		44,185.00	. 60 –	<b>c</b>	736.42
Society I	35	Auditors value		¢	P  -	44,103.00	$\div 60 = +$		730.42
		_		¥	' _		Cop		
				Total	\$ ا	786.42	tota		786.4
36. <b>Projecte</b>	ongoing priority claims, s Total amount of all past ed monthly Chapter 13 pl	• •	line 19.		\$	0.00	_	60 \$_	0.0
Office of the Exec To find a	the United States Courts ( cutive Office for United Statilist of district multipliers that in	s stated on the list issued by (for districts in Alabama and tes Trustees (for all other do cludes your district, go online ut list may also be available at the the state of the tist may also be available.	d North Carolir listricts). using the link spe	na) or by	X		Copy to	otal	
Average	monthly administrative ex	pense				\$	here=>	· \$	
	I of the deductions for dees 33e through 36.	ebt payment.						\$	1,403.42
Total Deduc	ctions from Income								
38. <b>Add all</b> (	of the allowed deduction	s.							
	ne 24, All of the expenses the allowances	allowed under IRS	\$	3,370.4	1				
Copy lii	ne 32, All of the additional	expense deductions	\$	0.0	0				
Copy li	ne 37, All of the deduction	s for debt payment	+\$	1,403.4	2				
Total d	aductions		•	4.773.8	3	Copy total here-		¢	4.773.8

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or 1	Thomas	D. Cı	unningham		_	Case	numb	per (if known)			
t 2:	Determ	ine Yo	ur Disposable Income Under 11 U.S.C. § 1	1325(1	b)(2)						
			rrent monthly income from line 14 of Forn Current Monthly Income and Calculation			d			\$		4,703.0
chi disa rec	<b>Idren.</b> The ability payr eived in ac	month ments f cordar	bly necessary income you receive for sup nly average of any child support payments, for for a dependent child, reported in Part I of Fonce with applicable nonbankruptcy law to the bended for such child.	oster o	care payments, o 22C-1, that you	r	\$	0.	.00		
em in 1	ployer with 1 U.S.C. §	held fr 541(b	retirement deductions. The monthly total of com wages as contributions for qualified retire ()(7) plus all required repayments of loans from (), § 362(b)(19).	ement	t plans, as specifi		\$	520.	.00		
. Tot	al of all de	eductio	ons allowed under 11 U.S.C. § 707(b)(2)(A	.). Cop	oy line 38 here	=>	\$	4,773	.83		
exp the	enses and ir expense	l you h s. You	cial circumstances. If special circumstances have no reasonable alternative, describe the must give your case trustee a detailed expladocumentation for the expenses.	specia	al circumstances	and					
scri	be the spe	ecial ci	ircumstances		Amount of ex	pen	se				
					\$						
					\$						
					\$						
			Tot	al \$	0.00	)	Cop her	oy e=> \$	0.	00	
Tot	tal adjustn	nents.	Add lines 40 through 43.		=>	\$		5,293.83	Copy here=:	> <b>-</b> \$	5,293.8
Cal	culate yo	ur mor	nthly disposable income under § 1325(b)(	<b>2).</b> Su	ıbtract line 44 fror	n lin	e 39	).	\$		-590.82
3:	Change	in Inc	come or Expenses								
hav time you	ve changed e your cas ı filed your	d or are e will b petition sed, fill	or expenses. If the income in Form 122C-1 e virtually certain to change after the date yo be open, fill in the information below. For exain, check 122C-1 in the first column, enter lin lin when the increase occurred, and fill in the Reason for change	u filed mple, ie 2 in	I your bankruptcy if the wages repo the second colur	peti orted nn, e se.	tion inc	and during the reased after	A	unt of chang	
		,	Reason for change		Date of Chan	ge		decrease?	AIIIO	unt of chang	Je
1220 1220 1220 1220 1220	C-2 C-1 C-2						_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase	\$ _ \$ _		_
1220 1220 1220	 C-1						-	☐ Decrease☐ Increase☐ Decrease☐	\$ _ \$		

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Debtor 1	Thomas D. Cunningham	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declar	e that the information on this statement and in any attachments is true and correct.	
-	/s/ Thomas D. Cunningham Thomas D. Cunningham Signature of Debtor 1		
	October 23, 2017 MM / DD / YYYY		

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Debtor 1 Thomas D. Cunningham

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period **04/01/2017** to **09/30/2017**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Income by Month:

6 Months Ago:	04/2017	\$4,044.00
5 Months Ago:	05/2017	\$3,913.12
4 Months Ago:	06/2017	\$4,494.80
3 Months Ago:	07/2017	\$5,114.82
2 Months Ago:	08/2017	\$4,903.30
Last Month:	09/2017	\$4,667.99
	Average per month:	\$4,523.01

#### Line 9 - Pension and retirement income

Source of Income: Pension

Income by Month:

6 Months Ago:	04/2017	\$180.00
5 Months Ago:	05/2017	\$180.00
4 Months Ago:	06/2017	\$180.00
3 Months Ago:	07/2017	\$180.00
2 Months Ago:	08/2017	\$180.00
Last Month:	09/2017	\$180.00
	Average per month:	\$180.00

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	5	filing fee	
\$7	5	administrative fee	
+ \$1	5	trustee surcharge	
\$33	5	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Carrington Mortgage Services 2201 East 196th Street Westfield, IN 46074

CitiFinancial 8433 Colerain Avenue Cincinnati, OH 45239-3926

Mercy Health West 3300 Mercy Health Blvd Cincinnati, OH 45211

Reisenfeld and Assoc. 3962 Red Bank Rd Cincinnati, OH 45227

State of Ohio Department of Taxation C/O Attorney General Revenue Recovery 150 E. Gay Street, 21st FL Columbus, OH 43215

Wilmington Savings Fund Society FSB as Trustee Stanwich Mtge Loan Trust A 1600 SOUTH DOUGLASS ROAD SUITE 200A Anaheim, CA 92806